	POWER OF	ATTORNET TO PRO	SECUTE A	PPLICA	TIONS BEFO	KE THE O	3F10
Refereby appoint:	I hereby revoke all prev 37 CFR 3.73(b).	vious powers of attorney g	iven in the app	olication ic	dentified in the a	ttached state	ment under
as attomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned and 3 of the undersigned occurring to the USPTO assignment records or assignment documents attended to list own accordance with 3 of 2 FR 37(s) (in their authorise any of the library and all patent applications in which rights have been assigned to the undersigned. Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number:	I hereby appoint:						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	Practitioners associa	:	51206		8		
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as attorney(s) or agent(s) to represent the undersigned before the United States Perent and Trademark Office (USPTO) in connection with any and all potent applications assigned size to the undersigned before the United States Perent and Trademark Office (USPTO) in connection with any and all potent applications assigned to be undersigned. The address associated with Customer Number: OR Firm or Contrademark Office (USPTO) in connection with a papel cell of the angle (USPTO) assignment records or assignated the undersigned. Fleese change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number: OR Firm or Country Telephone Assignee Name and Address: BEA Systems, Inc City Country Telephone Email Assignee Name and Address: BEA Systems, Inc State California Zip Country Telephone Email Accept of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be fitted in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners as authorized to act on behalf of the assignee. Signature Date 10 23 45 8	Practitioner(s) name	d below (if more than ten pater	nt practitioners ar	e to be nan	ned, then a custom	er number mus	t be used):
any and all patent applications assignment documents attached to his form in accordance with 3 TC RS 3.73(b). Littler authors are yof the above-disinded protections to execute a Statement Under 37 CFR 3.73(b) on the undersigned's behalf of the area statement under 37 CFR 3.73(b). Littler authors are yof the above-disinded protections to execute a Statement Under 37 CFR 3.73(b) on the undersigned's behalf of the application in which girls have been assigned to the undersigned. Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number:		Name			Name		
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City State California Zip	The address asso	ciated with Customer Number:		5120	6		
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Country Telephone Email Assignee Name and Address: BEA Systems, Inc 500 Oracle Parkway, M/S 50P7 Redwood Shroos, CA 94095 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners applicated in this form if the appointed practitioner is authorized to act on behalf of the assignce, and must identify the application in which this Power of Attorney is to be filled. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignce. Signature T.J. Angigleti Telephone 650-506-6600	Address						
Telephone Email Assignee Name and Address: BEA Systems, Inc 500 Oracle Parkway, M/S 50P7 Redwood Shroos, CA 94095 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners applicated in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature T.J. Angiglieti Telephone 650-506-6600	City		State	Californi	a	Zip	
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Title Vice President of BEA Systems, Inc	Signature	1/1/			Date	10/25/0	08
	Name T.J. Angigle	itti //			Tele	phone 650	-506-5600
	Title Vice Preside	ent of BEA Systems, Inc					
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